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 Washington, D.C.

**MULTIPLE IDENT CLAIM
 FEE CALCULATION SHEET
 (FOR USE OF FORM PTO-375)**

SERIAL NO. **09 807011** FILING DATE _____
 APPLICANT _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1		1		51							
2		1		1		1	52							
3		1		2		1	53							
4		1		2		1	54							
5	1			2		1	55							
6		1		2		1	56							
7		1		1		1	57							
8		3		1		1	58							
9		1		1		1	59							
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47							97							
48							98							
49							99							
50							100							
TOTAL IND.			1		1		TOTAL IND.							
TOTAL DEP.							TOTAL DEP.							
TOTAL CLAIMS			12		8		TOTAL CLAIMS							